of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very see instructions on hark of confidents.

A PERMANENT RECORD UNFADING INK-THIS IS N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be p See instructions on back of certificate. WRITE PLAINLY, WITH Important.

'PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3

St.; Ward)

[If death occurred in a hospital or institution,

* FULL NAME Handy adla	give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
## AGE Month 1915	and that death occurred on-the date stated spoye, at
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	There first wested away (Duration) yrs. mos. ds.
10 NAME OF FATHER Leland additions 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MAIDEN NAME OF MOTHER	(Signed) (Ouration) yrs mes ds. (Signed) (Signe
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death?
(Address) Massacla Action (September 191) Registrar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS
1f more blanks are needed, address State Roylett	rer & E. Franklin St. Dalto. Paguasting V. S. No. 1



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or indust;; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not minc, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Pursperal scptichaecause of death approved by Committee on Nomencla sepsis, tctanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senfle," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowin ter" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." LENT DEATHS state MEANS OF INJURY and qualify as -Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchonncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



BINDING FOR RESERVED MARGIN

UNFADING INK-THIS IS

PLAINLY, WITH

WRITE

S. No. 1.

RECORD

PERMANENT

Exery Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCURATION is very important. See instructions on back of certificate. See instructions on back of certificate. Important.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-St.;Ward)	
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[If death occurred la a hospital or institution,

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	MARRIED WELL	16 DATE OF DEATH June 10 , 1919
Ш	all White (Write the word)	(Month) (Day (Year) 17 I HERESY CERTIFY, That I attended deceased from
D	ATE OF BIRTH TUE	
	1845	that I last saw h in allve on oforth they 15 1915
A	(Month) (Day (Year) GE If LESS than	/ comp
	3 24 1 day,hrs.	and that death occurred on the date stated above, at
	yrs mos. c. ds. OR min. ?	Ab Malexy.
(a	CCUPATION) Trade, profession, or	
	rticular kind of work	
bus	iness, or establishment in	(Duration) yrs mos ds.
	IRTHPLACE 17	Contributory
	(State or country) Merrylling	Secondary
	10 NAME OF FATHER	(Buration) yrs mos ds.
	Hom Cuelersa	(Signed), M. D.
Ë	of FATHER	Mus 1 , 19t d (Address) I make the
ARENTS	(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PA	OF MOTHER Marguset Las 80	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place in the
	OF MOTHER (State or country) Maryleun	of death yrs, mos ds. State yrs, mos, ds
4 т	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
-	(interment) occurre Tashur	Former or usual residence.
	(Address) Tyashin Rul	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16		Typashin ME County June 12, 1915!
Fil	od Janes 1916 2 J. Wastes	30 UNDERTAKER . ADDRESS
	FOCAL REGISTRAR	10 kg Miles 1. 1. 1 12. 1 20

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations statement. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day taborer, Farm taborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons (b) Cotton mitl; (a) Salcsman, "Laborer," If the occupation has As examples: "Foreman," 6

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Branchepneuglospinal in moderate): Tuberculesis of lungs, meninges, peritonacym, etc., Calcin.

BURLAU,V

mia," "Tuerreral peritonitis," etc. State cause for LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probabty suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by raitway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. vatvular heart disease; Chronie interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 (Recommendations on statement of "Exhaustion," For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

The property in the second in

V. S. No. 1.

N.B.

1 PLACE OF DEATH

Village or City Salishing Mid (No. Had	CERTIFICATE OF DEATH Registration Dist. No. 3.3. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MIDOWED OR DIVORCED (Write the word) (Month) (Day) 1914	16 DATE OF DEATH (Month) (Day) (Year) 17 [HEREBY CERTIFY, That I attended deceased from June 15, 1915, to June 27, 1917, 1917] that I last saw h Imalive on June 27, 1917
7 AGE If LESS than 1 day. hrs. OR min.?	and that death occurred on the date stated above, at 3 mm. The CAUSE OF DEATH # was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Md	Contributory Thanks
10 NAME OF FATHER GAMM Andrews 11 BIRTHPLACE OF FATHER (State or eduntry) 12 MAIDEN NAME OF MOTHER (2)	(Signed)
of Mother Jora L. Sheekley 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John Andrews.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In ths of death
(Address) Salisbu, Md Flies 18 191 5 M Turrior REGISTRAR If more blanks are needed, address State Registrar, 191 191 191 191 191 191 191 191 191 19	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Prisons Cernalong Prince Son, 1915 20 UNDERTAKER ADDRESS Sollowers Requesting V. S. No. 1.

7

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, write None. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Civil eer, Stationary fireman, etc. But in many eases, Women at home, who are engaged in Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

Struck on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. mus," "Old Age," "Shock," "Uracmia," "Weakness," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (inerely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Heart failure," "H-emorrhage," "Inanition," "Marasgenital," "Senile," etc.), chopneumonia (secondary), 10 ds. rent) affection need not be stated unless nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "PUERPERAL by railway train—accident: Revolver, wound of The contributory (secondary or intercur-"I)ropsy," State cause for which Never report mere (Recommendations "Exhaustion," septichaemia," ACCIDENTAL, important.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

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N.B.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD stated EXACTLY. may be properly classified. AGE supplied. See instructions of information CAUSE OF

Important.

Village or City neath Petterille (No.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

fit death occurred la a hospital or Institution,

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	rale white Single, Child Married, WIDOWED, ORDIVORGED (Write the word)	(Month) (Day (Year)
7 A C	Oct. 5 19/2 (Month) (Day (Year) GE If LESS than 1 day hrs.	that I last saw him alive on the date stated above, at not form,
	CCUPATION TOS. OR min.?	The CAUSE OF DEATH* was as follows:
	Trade, protession, or Harmer	
bus	General nature of industry, iness, or establishment in farmer for self ich employed (or employer)	(Duration) / yrs. mos. ds.
9 81	(State or country) Wicomico Co. Ms.	Secondary (Duration) yrs mos ds
	10 NAME OF Jamuel Tilton Baker	(Signed) (Si
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Wicomied B. Md.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PAR	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
14 T	OF MOTHER (State or country) Wicowied & Md. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place to the ot death yrs mos ds. State yrs mos ds Where was diseaso contracted,
	(Informant) Samuel & Buker	If not at place of death?————————————————————————————————————
16	(Address) Putterille Ind 1330	Stant mitchels farm 6/25,1915-
File	en fully 1/1915 I present fruits	20 UNDERTAKER. ADDRÉÉS WILLIAMS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer statement. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many For many ocenpations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupais very important, so that the relative healthful-Spinner, If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return (b) Cotton mill; (a) Salesman, (b) "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

such, if impossible to determine definitely. Examples: mus," "Old Agc," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, sneh as "Asample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fraeture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State childbirth or misearriage as "Puerperal septichaccte., when a defluite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (seeondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Contributory." is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Exhanstion," cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUL6 1915

MARGIN RESERVED FOR BINDING

V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COLOR OR RACE MARRIED, WICOWED, ON OWNED, ON OWNE	/1 PLACE OF DEATH	STATE OF MARYLAND
Village or City Village or City August 1 death accurred a hospital or institution give its MAME inside of street and number. PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS ACOLOR OR RACE SINGLE, MARRIED, MICHON WICKNESS (Nonth) (Day (Year)) ACOLOR OR RACE SINGLE, MARRIED, MICHON WICKNESS (Nonth) (Day (Year)) AT I HEREBY CERTIFY, That I attended deceased from the date stated above, at 30°. TAGE MONTH MBS. 45. OR min. 7 COLOR OT NAME OF GEADINGHIST, DATE of DEATH AUGUST (1912) TAGE MONTH MBS. 45. OR min. 7 COLOR OT ON MIN. 1916 COLOR OT ON MIN. 1916 THE ESS Than and that death occurred on the date stated above, at 30°. The CAUSE OF DEATH* was as follows: COLOR OT ON MIN. 7 ACOLOR OF RACE SINGLE, MARRIED, MICHON MIN. 1916 TAGE MONTH MARRIED MARRIED MIN. 1916 COLOR OT ON MIN. 1916 TAGE MONTH MARRIED M	of programme Contract	CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS **COLOR OR RACE SINGLE, MINERIE,	County	Registration Dist, No. 333
3 SEX **COLOR OR RACE OF SINGLE, MARRIED, WIGOWED, WIGOWED, WOOWED, WIGOWED, OPRIVACED OF DISTORCED OF DISTO	Mal B	[If death occurred is a hospital or institution, give its NAME instead of street and nomber.]
MARIE OF BIRTH ONDITION (Month) (Day (Year) (Month) (Day (Year) TAGE (Month) (Day (Year) (Month) (Day (Year)	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
** Contributory Co	MARRIED, Mulling	(Month) (Day (Year)
If LESS than t day		Assessed to the second
If LESS than t day, hrs. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Ouration Ourat	(Month) (Day (Van)	that I last saw h limalive on home 1th 1914
8 OCCUPATION (a) Trade, profession, or Particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ANALYMIN (Signed) (Signed) Duration) yrs. mas. 9 (Contributory Country) Secondary Secondary (Signed) (Signed) M.	TAGE If LESS than t dayhrs.	and that death occurred on the date stated above, at 30°. m,
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Our give a secondary Secondary Secondary (Signed) Ouration) yrs. mas. 9 (Duration) yrs. mos. 9 (Signed)	8 OCCUPATION (a) Trade, profession, or James heard particular kind of work	Deletical obstruction
10 NAME OF ANKLUS (Signed) Selfs . M.	business, or establishment in + carry which employed (or employer)	Contributory alest affending to
Julius (agineu)	10 NAME OF A	Secondary (Duration) yrs mos 9 ds.
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE	- Simon	
	(State or country), State or country, State or country), State or country, State or country, State or country), State or country, St	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State of country) 13 BIRTHPLACE OF MOTHER (State of country) 13 BIRTHPLACE OF MOTHER (State of country) 14 place of deathyrsmosyrs	13 BIRTHRIACE	At place 4 In the
(Informant) Where was disease contracted according to the Best of My Knowledge (Informant) Former or usual residence. According Cv. Ma	P. C. Last top	Where was disease contracted. If not at place of death? I was a contracted. I was a contracted of death?
10 15 A B 100 B	16 / 15 15 N BY	Keller de June 16, 1915
Filed Filed 13 , 1913 REGISTRAR HOLLOW SALES SALE Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	REGISTRAR	It stewart sales and

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, tlon is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never -return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumoria"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitie," etc. State eause for childbirth or miscarriage as "Puerperal septichacgenital," "Senile," cte.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malls. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medleal Association.) eanse of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ete., when a definite disease can be ascertained as the mns," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (seeondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion," For. V10-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

UNFADING INK-THIS IS

PLAINLY, WITH

WRITE

PHYSICIANS should state of OCCUPATION is very

Exact statement

be properly classified.

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of Information

N. B.-

OF Every Item CAUSE OF Important.

DEATH in plain terms, so that it missee instructions on back of certificate.

RECORD

PERMANENT EXACTLY.

S. No. 1.

1 PLACE OF DEATH

Village or City Banticok,

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.2

St.;....Ward)

[If death occurred in a hospital or institution,

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINCE, MICOWED, MICO	FULL NAME Homel - Bancle	of street and nomber.]
## Coloned Col	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ODATE OF BIRTH Continue Cont	MARRIED, WIDOWED.	(Month) (Day (Year)
TAGE (Month) (Day (Year) If LESS than IT LESS than I	/-	17 I HEREBY CERTIFY, That I attended deceased from
BOCCUPATION (a) Trade, profession, separticular kind of work. (b) General nature of industry, his liness, or establishment in with employed (or employer) P BIRTHPLACE (State or country) OF FATHER (State or country) LI BIRTHPLACE (State or country) OF FATHER (State or country) LI BIRTHPLACE (State or country) LI BIRTHPLACE (State or country) OF MOTHER (State or country) LI BIRTHPLACE (State or country)	Jame 4 , 19/6- (Month) (Day (Year)	
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** OF FATHER** (State or country) **BIRTHPLACE** OF RATHER** (State or country) AND CONTROLL 12 MAIDEN NAME OF MOTHER** OF MOTHER** (State or country) AND CONTROLL 13 BIRTHPLACE** OF MOTHER** (State or country) AND CONTROLL 14 THE ABOVE IS TRUE FO THE BEST OF MY KNOWLEGGE** (Informant) (Address) (Address) ADDRESS ADDRESS FIRED 16 Filed AND		
UNITED THE BEST OF MY KNOWLEDGE (Informant) Ed Carclay Father (Informant) Ed Carclay Father (Address) Carclay Father (Signed)	(a) Trade, profession, er particular kind of work. (b) General nature of industry, business, or establishment in	(till - som)
(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address)	9 BIRTHPLACE (State or country) Wesunce to	Secondary
State or country) Wilancico Co 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) Wilancico Co 13 BIRTHPLACE OF MOTHER (State or country) Wilancico Co 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 2d Carrelay Calher (Address) Carrelay Calher (Address) Carrelay Carrelay Calher (Address) Carrelay Calher (Address) Carrelay Carrelay Calher (Address) Carrelay Carrelay Calher (Address) Carrelay	FATHER Edurand Canclay	(Signed) A Day, M. D.
13 BIRTHPLACE OF MOTHER (State or country) (Intermant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) (Address) (Address) (Address) Address) Address	E . BIRTHPLACE	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCIDENT
Where was disease contracted, if not at place of death? (interment) Sel Carelay Father (Address) Cartles Former or usual residence. 79 PLACE OF BURIAL OR REMOVAL 16 Flied June 4, 1915 L. J. Wallie Pour Facion Registran 20 UNDERTAKER of Carela Registran Address	13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the
Flied June 4. 1915 L. J. Walles June 7 th, 1915 - ADDRESS PACES ADDRESS PACES PREGISTRAR albert, Handy hands hands	SI Par Cl	Where was disease contracted, if not at place of death? Former or
Local REGISTRAR albert Handy hantically		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL July 4 11, 1915
	Local REGISTRAR	albent Handy hanticales

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as For many occupations a single word or term on the who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory tctanus) may be stated under the head of (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," For vio-

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BURISAU, V.S.

V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

	unty Wiconies lage or City 26 shrow (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 33 / St.; Ward) [If death occurred a hospital or lostituite
	FULL NAME Mary V. 7.	give its HAME Inste
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 3 5	married, widowed, or olyofice the word)	16 DATE OF DEATH (Month) (Day (Year 17 I HEREBY CERTIFY, That I attended deceased fr
6 D/	ATE OF BIRTH Queril 29, 19/5 (Month) (Day (Year)	that I last aaw h alive on
7 A C	(2021)	• [
(b) busi whi) Trade, profession, or riticular kind of work	Contributory Loras Acoria (Duration) yrs mos. (Duration) yrs mos.
TS	11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER	(Signed) CR Grall , M
PARENT	(State of country) Mary Cared 12 MAIDEN NAME OF MOTHER 72	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLICAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDITAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIER OF RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, where was disease contracted.
	(Informant) Samuel Birch head	If not at place of death?————————————————————————————————————
1.0	(Address)	Rockaualking June 7, 191

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," "Foreman," If the occupation has As examples:

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cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae-"Collapse," "Conta," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canmere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of State cause for

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County Miconico	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 33.3
FULL NAME Ruth Brew	give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Calared Seingle, MARRIED, WIDOWED, OR ON OR COLOR OF BIRTH Au (Month) (Day) (Tear)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY That I attended deceased from May 1915 that I last saw har alive on May 31, 1915
TAGE If LESS than 1 day,hrs. ORmin.? Soccupation (a) Trade, profession, or particular kind of work.	and that death occurred on the date stated above, at 4. m. The CAUSE OF DEATH * was as follows: Broughs—Territoria
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) (Buration) yrs. mos. 3 ds. (Signed) (Buration) yrs. mos. ds.
OF MOTHER Ada Sordwine 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Church Brewingfair (Address) Eolen Mol & D # 2	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mcs, ds. Where was disease contracted, If not at place of death? former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Line 1 ct 191 5 - No Plustre Recistrar If more blanks are needed, address State Registra.	Allen Me (Jany 2 , 1915) 20 UNDERTAKER JADDRESS Palloway for Salisbury Mel F, & E. Franklin St. Balto., Requesting V. B. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman," (%)

Statement of cause of death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerchrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, periionaeum, etc., Carcinosis of lungs, meninges, periionaeum, etc., Carcinosis

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1 PLACE OF DEATH 304U	STATE OF MARYLAND
	CERTIFICATE OF DEATH
County // Comnes	1 5 322
1. 1 . G. Harfartal	Registration Dist. No.
Williams on City Ohalashas M. 1940	Canaden Dratise. 13 Ward [If death occurred in
Village or City (No	a hospital or institution, give its NAME lighted
e, 10h'no.	of street and nomber.]
FULL NAME COSWARD I Illiam	v & Tuff
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MANUAL	16 DATE OF DEATH
MARRIED, Marsied	(Month) (Day (Year)
Male While (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	1915 to Same 5 1915.
Sept. 22000 1861	
/ (Month) (Day (Year)	that I last saw h alive on 195
7 AGE If LESS than	and that death occurred on the date stated above, ath,
53 yrs 8 mos /3 ds. OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION AA A	Custimule back of make
2 (a) Trade, profession, or The acres Warner of a language and	
Sparticular kind of work Charles Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(b) General nature of Industry, business, or establishment in	(Russian) and Coleman
which employed (or employer)	(Duration) yrs mos 2005
9 BIRTHPLACE (State or country)	Secondary Secondary
Somersel Co. Med.	(Duration) Sulcurry
10 NAME OF P 1 1-DIC DO M	1 may and
12 over W. Coluff	(Signed), M. D.
OFFATHER AM	price , 19t. J. (Address) alcoher, all
(State or country) //anyland	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 A 2004 Propulation	TAL, SUICIDAL, OF HOMICIDAL.
a frene Toronghlon	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	At place in the
(State or country) Maryland	of death yrs. mos. ds. State yrs. mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Fmiltand 2nd
(Informant). Robert. L. Chiff	Former or
	usual residence. Free and and
(Address) Pacomoke City Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 9 - 4 110.	hepped to Pocomokecut mature 7th, 1915
Flighting 5, 191 5 M Jurney 3	20 UNDERTAKER ADDRESS
REGISTRAR	he Kill & Lohnson 60. Salisbury
If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	V VILA.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dcaler," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerrenal peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-

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BURFAU,V.S.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING MARGIN RESERVED V. S. No. 1.

Village or City Salishry (No. 25)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 333 [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH July 1915 (Month) (Day (Year) To I HEREBY CERTIFY, That I attended deceased from 1915, to June 25, 1915
(Month) (Day (Year) 7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 17 Am. The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duration) yrs mos ds. Contributory of fundicial about Secondary (Boration) yrs mos ds.
OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; aud (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. State mos. ms. ws.
(informant) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL LATE DATE OF BURIAL Chayse Late Mark 2. 191.5. 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: ness. If retired from business, that faet may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is neematerial worked on may form part of the second it should be used only when needed. additional live is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for nant neoplasms); Meastes; Whooping cough; Chronic eause of death approved by Committee on Nomenelainjury, as fracture of skull, and eonsequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciehildbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasthenia," "Anaemia" (merely symptomatie), "Atrophy," ample: Measles (disease eausing death), 29 valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." scpsis, tetanus) by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ete., when a definite disease ean be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeoudary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustlon," Never report For vio-

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RECEIVED
JUL6 1915
BUREAU, V.S.

0,2		1 PLACE, OF DEATH	STATE OF MARYLAND
AN	6	ny Wacernice	CERTIFICATE OF DEATH
D E	Cour	Ny 11 C	222
YS tate	00	ser out no	Registration Dist. No. 009
H w	Chi	City Salyvay & Att If (No. Shill	St.; Ward) [If death occurred in a hospital or institution,
>/×		6	give its NAME instead of street and number.
E .		² FULL NAME CMA Daws	or street and number.
Fie		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
D S E	- 3 SE	CX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF CEATH
ole .	1	Enjeto White Windwere (Write the word)	(Month) (Day) (Year)
ate ste	4	Contact Marke the word)	17 HEREBY CERTIFY, That I attended deceased from
d of of of	DA	no record support	June 5th, 1915, to fine 5th, 1915;
out out		(Month) (Day) (Year)	that I last saw har alive on farme 5 4, 1915;
sh of o	TAG	GE If LESS than	and that death occurred on the date stated above, at 10 mm.
S E S	Sus	1 day, hrs. or min.?	The CAUSE OF DEATH * was as follows:
at it	8/0	CCUPATION MOS. MS. OK. MMIL. P	Death occurred about to P. h
tha s ou	(, 9	a) Trade, profession, or Housewell	June 5 th 1815
(b) General nature of Industr		General nature of industry	111-01
ly sums,		islness, or establishment in hich employed (or employer)	78 Hours (Durstion) yrs. mos. ds.
te		IRTHPLACE (State or country)	Contributory Secondary
lain e i		1/18	(Buralion) yrs mos ds
S B C		10 NAME OF FATHER	(Signed) Charitt M.O.
T I	S	11 BIRTHPLACE	Jeme 9/1 191,5 (Address) Sulaley: My
Sho	RENT	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF DE	R	12 MAIDEN NAME OF MOTHER M 441 27	
	PA	Molly Hosser	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, DR RECENT RESIDENTS)
Sve		of MOTHER (State or country)	At place in the
N IN	14 T	HE ABOVE IS TRUE TO THE BEST, OF MY KNOWLEDGE	of death
te of	C STE (Informant) Walliam & Dais		if not all placs of death?
sta PAT			usual residence
. 77		(Address) Salsbuy MC R DH H	19 PLACE OF BURIAL OR REMOVAL ME OATE OF BURIAL
Every shoul	15		LES places Loten Nather great 9 1015.
m ·	FII	eg fune 9, 1910: May Vuner.	20 UNDERTAKER ADDRESS
z		(Deputy REGISTRAR)	fallowing tol Salighay Md
		If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balter, Requesting V. S. No. I.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, employed, as At school.or At home. Care should be wife, Housework, or At Home, and children, not gainfully Housemail, etc. If the occupation has been changed engaged in domestic service for wages, as Screant, Cook taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon engineer, Stationary fireman, etc. But in many cases, "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, The material worked on may form part Women at home, who are engaged in Locomotive engineer, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing disease. It is a same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

head-homicide; Poisoned by carbolic acid-probably on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull Struck by railway train-accident; Revolver suteibal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Urarmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopmeumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "PUERPERAL perilonitis," etc. genital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping Example: Measles (disease causing death), 29 ds.; Bronor miscarriage as "Puerperal seplichaemia," State cause for which Never report mere wound of

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Z.B.

	6 1 4 18 × 1 1		
	1 PLACE OF DEATH	STATE OF MA	RYLAND
	Miramica C	CERTIFICATE C	F DEATH
Coun	N. S.	Registration Di	st. No
	Pitta il)	[If death occurred in
Villag	e or City (No. ,	St.; Ward)	a hospital or institution,
		A long	give its NAME instead of street and number.]
	² FULL NAME		
di	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED	16 DATE OF DEATH Frue	20 ,1915
1	male White OR DIVORCED (Write the word)	(Month)	(Day) (Year)
6 DA	TE OF BIRTH	17 HEREBY CERTIFY, That at	
	1915	, 191, to	, 191,
	(Month) (Day) (Year)	that I last saw halive on	
TAG	Born Drad I day, hrs.	and that death occurred on the date st	
	yrs, mos ds. ORkomin.?	The CAUSE OF DEATH * was as follow	ws:
6 00	CUPATION	Monduro Berth	566
(a)) Trade, profession, or fleular kind of work	nionthe premane	1
(b) General nature of Industry			
business, or establishment in which employed (or employer)			yrsmosds.
9 BI	RTHPLACE (State or country)	Secondary Secondary	
	1. Nary ceue	(Buration)	mos ds.
10 NAME OF FATHER TO A MANAGEMENT OF THE PROPERTY OF THE PROPE		(Signed)	Horeeney M. O.
(y)	11 BIRTHPLACE	Auch 73 1915 (Address) . Ill	sulle nel
C State or country) Control		*State the DISEASE CAUSING DEATH, or CAUSES, state (1) MEANS OF INJURY; and	(2) whether ACCIDENTAL,
		SUICIDAL OF HOMICIOAL.	
0	Delly Catharia Neumis	OR RECENT RESIDENTS)	
	13 BIRTHPLACE OF MOTHER (State or country) Murulaud	At place to the of death yrs. mos. ds. State	e,yrsmosds.
14 TI	HE ABOVE IS TRUE TO THE REST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
	of & finne	Former or	
	(Informant) a succession of the succession of th	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	(Address) lillisocile, lud	- 11 /2	
15	61	20 UNDERTAKER	ADDRESS
FI	ed 1915 Therefore REGISTRAR	Family	No officer
	/ MEGISTHAN	1/1/1/1/1/1/1/1/1	

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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BURBAU, V.S.

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RECORD

STATE OF MARYLAND 1 PLACE OF DEATH Vicinuco CERTIFICATE OF DEATH Registration Dist, No Ilt death occurred inWard) a hospitat or Institution. giva Its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day (Write the word) I KEREBY CERTIFY, That I attended decca DATE OF BIRTH (Month) (Dav (Year) TAGE It LESS than and that death occurred on the date stated above, a f day,....hrs.min. ? BOCCUPATION (a) Trada, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed ARENTS 11 BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ---- yrs. ... State Where was diseasa contracted If not at place of death? Former or usuat residence DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Consus and American Public Health Association.]

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ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemla" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, aant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." scosis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conaffection need not be stated unless important. eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (Recommendations on statement of (disease eausing death), 29 ds.; For vio-

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County MCANICO (C)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 333			
Village or City (No. Mentry about St.; & Ward) 2 FULL NAME [If death occurred in a hospital or institution, give its NAME instead of street and number.]				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
notknown white Single MARRIED Single WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)			
B DATE OF BIRTH James 2/ (Month) (Day) (Year)	that I last saw h alive on 191, 191,			
Page Barn beach if LESS than t day, hrs. Or min.?	and that death occurred on the date stated above, at @ _ m. The CAUSE OF DEATH * was as follows:			
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Duration) yrs 3 mos ds.			
10 NAME OF FATHER State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (STATE OF MOTHER OTHER OF MOTHER OF MOTHER OTHER	Contributory Secondary (Burstion) (Burstion) (Signed) (Signed) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accurental, Suicidal or Homicidal.			
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY, KNOWLEDGE	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mes. ds. State, yrs. mes. ds. Where was disease contracted, if not at place of death?			
(Address) Salis by ma	USUBI residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL 20 UNDERTAKER DATE OF BURIAL DATE OF BURIAL ADDRESS			
REGISTRAR If more blanks are needed, address State Registrar, 1	How. Saratoga St., Batto., Requesting V. S. No. 1.			

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Auto-"Foreman," "Manager," "Dealer," etc., without more of the second statement. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line For many occupations a single word or term on the tion is very important, so that the relative healthful--Cool mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever, Never return "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway troin-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease ean be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal eonditions, such as "Asthenia," chopmcumonia (seeondary), 10 ds. rent) affection need not be stated unless important. ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of to determine definitely. Examples: Accidental drowning; "Heart failure," "Haemorrhage," "Inamition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Example: Measles (disease causing death), 29 ds.; Broncough; Chronic volvular heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal septichaemia," The nature of the injury, as fracture of skull, The contributory (secondary or intercur--State cause for which Never report mere

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



should is RECORD PERMANENT properi supplied. pe may 2 OF Every He 10

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 336 Village or City Delry Ilt death occurred in St:---Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 18 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH , 1914- to ... alive on 1777 (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day.....hrs. The CAUSE OF DEATH * was as follows: OR ? bull. Aletune BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Buration) which employed (or employer) Contributory, 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) 50 back PARENTS 11 BIRTHPLACE (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME See instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death yrs. mos. ds. State _____ yrs ____ mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE OF MY KNOWLEDGE It not at place of death? ... Former or usual residence. mportan PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 Filed Loled 26 1915 W ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the honsehold only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specifirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Inmor" for malig-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Conventsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci The contributory Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," "Exhanstion," (Recommendations on statement of (disease cansing death), 29 ds.; (secondary or interchrrent) State canse for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



RECORD

A PERMANENT

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

m ż 1 PLACE OF DEATH

9846



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

-Ward)

fit death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marieo, mariente windwer, mariente windwer, ordivered (Write the word)	(Month) (Day (Year)
DATE OF BIRTH april 14	17 I HEREBY CERTIFY, That I attended deceased from
	917 191 to Orquest 6 - 9, 1915
(Month) (Day	(Year) that I last saw h alive on
	LESS than and that death occurred on the date stated above; atm
	y,hrs. The CAUSE OF DEATH* was as follows:
39 yrs 2 mos ds OR	
OCCUPATION	Monicile by shot gu
(a) Trade, profession, er particular kind of work.	
(b) General nature of Industry.	AT 100 100 100 100 100 100 100 100 100 10
business, or establishment in	(Duration)yrsmosds
which employed (or employer)	
State or country)	Gontributory Secondary
(State or country) Balleinare City	(Duration)yrsmosds
10 NAME OF	(Marie)
John q hink	Mo W
11 BIRTHPLACE	6-10 ,1910 (Address) Pettorille, Ind
Z OF FATHER (State or country) germany	*State the DISEASE CAUSING DEATH, or, in deaths from Violent
12 MAIDEN NAME	CAUSES, state (1) Means Of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER landing Software	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE	OR HECENT HESIDENTS)
OF MOTHER (State or country)	At place . In the ot death yrs mos ds. State yrs mos ds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDG	Where was disease contracted,
	II NOT AT PIACA OF DEATH ?
(Informant) wars. Range m. fa	usual residence
(Address) Baltimane md	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL
6	13-00
6/ / // //	20 UNDERTABLE ADDRESS
Filed , 1915	1 P TI. II SI
If more blanks are needed, address S	1



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not pald Housekeepers Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the oecupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not minc, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease who receive a definite salary), may be entered as (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of oeeupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease eausing death), 29 ds.; nant neoplasms); Meastes; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childblrth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senlle," cte.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. eause of death approved by Committee on Nomenela-"Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of For vio-

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BUREAU, V.S.

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WRITE PI	-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION
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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in a hospital or institution. give Its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month attended deceased from HEREBY CERTIFY, That I DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than t day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER Signed) ARENTS 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Causes, state (1) Means of Injury; and (2) whether accidental, Suicidal, or Homicidal. (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ____ mas. ___ State _____ yrs.__ Where was diseaso contracted. 14 THE ABOVE IS TRUE TO If not at place of death?. Former or osual residence. OF BURIAL OR REMOVAL DATE OF BURIAL 15 ... 1915. ADDRESS REGISTRAP If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



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cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestle service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid dineumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

ture of the American Medical Association. injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerferal septichacthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senlle," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-

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JUL 6 1915
BUREAU, V.S.

County Meanies Village or City Mean Salisbury (No. Parsons St.; 5-Ward) Village or City Mean Salisbury (No. Parsons St.; 5-Ward) STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 333 [If death occurred in a hospital or institution, give its NAME instead				
FULL NAME Milliam &	Castings of street and number.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
March (Month) (Day (Year))	16 DATE OF DEATH (Month) (Day (Year) 17 1 hereby Certify, That I attended deceased from May 2-3, 1915, to that I last saw haralive on James 19, 1915			
TAGE 65 yrs 3 mos 4 ds. 1 t LESS than 1 day,hrs. or. min.?	and that death occurred on the date stated above, at			
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary			
OF FATHER Minder Hustings 11 BIRTHPLACE OF FATHER (State or country) Delaware	(Signed) (Signed) (Address) Attack Prof. M. D.			
12 MAIDEN NAME OF MOTHER Don't Janour 13 BIRTHPLACE OF MOTHER (State or country) Don't Janaur	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrsmosds.			
(Informant) Manne D. Costing	Where was disease contracted, If not at place of death? Former or usual residence			
(Address) Daliebury Mcc. 16 Filed June 21, 1913; May June, Schully Registran If more blanks are needed springs State Registran	Mean Falisbury, md June 21, 1915. The Hill & Johnson Co. Falisbury, ma			



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons statement. Never return "Laborer," "Foreman," who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

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such, if impossible to determine definitely. Examples: mia," "l'uerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for mally-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), "Dropsy," (Recommendatious on statement of "Exhaustion," For Vio-

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BUREAU, V.S.

1 PLACE OF DEATH

SICIANS CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 5-SINGLE, 16 DATE OF DEATH MARRIED, WIDOWED OR DIVORCED (Month) CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) 7 AGE If LESS than 1 day, hrs. The CAUSE OF DEATH * was as follows: OR min. ? OCCUPATION (a) Trade, profession, or particular kind of work b) General nature of industry business, or establishment in which emplayed (or employer) 9 BIRTHPLACE (State or country) 00 10 NAME OF (Slegad) 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 12 MAIOEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 B'RTHPLACE At ptace In the OF MOTHER (State or country of death State. Where was discess contracted, 14 THE ABOVE IS if nel at place of death? Former or usual residence DATE OF BURIAL 15 AODRESS m REGISTRAR Z If more blanks are needed, address State Registrat 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

& yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the disease causing death, write None. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used only when needed. As examples: (o) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age For many occupations a single word or term on the ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in Never return Locomotive engineer, But in many cases, If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; hend-homicide; Poisoned by corbolic acid-probably state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "An.emia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopncumonia (seeondary), 10 ds. rent) affection need not be stated unless Example: Measles (disease causing death), 29 ds.; Brownephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Dropsy," Never report mere "Exhaustion," ACCIDENTAL, important.



1 PLACE OF DEATH STATE OF MARYLAND County Malonne CERTIFICATE OF DEATH Registration Dist. No. lif death occurred to a hospitat or institution. give its NAME instead of street and number.] RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED, DINVILLA OR DIVORCEO (Month) I HEREBY CERTIFY, That attended deceased from 6 DATE OF BIRTH (Day) (Month) 7 AGE It LESS than may and that death occurred on the date stated above, at. 1 day, hrs. O The CAUSE OF DEATH * was as follows: mtn. ? that 8 OCCUPATION
(a) Trade, profession, or 0 ed pplie particular kind of work... 20 (b) General nature of industry terms, business, or establishment in > which emptoyed (or emptoyer 9 BIRTHPLACE (State or country.) ain piai 10 NAME OF 2 FATHER important I ARENTS 11 BIRTHPLACE OF FATHER (State or country) PZ *State the DISEASE CAUSING DEATH, or, in deaths from VILLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 50 12 MAIOEN NAME SHICIDAL OF HOMICIDAL. OF MOTHER EOF 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At piace In the S OF MOTHER of death State. vrs. 0 (State or country) yrs. mes. Where was disease centracted, 14 THE ABOVE IS TRUE TO Every item of is should state COCCUPATION O of if net all place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS uners m Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Exact statement PERMANENT EXACTLY. classifled. THIS IS A pinous properly AGE INK supplied. UNFADING may certificate. carefully 80 jo PLAINLY, WITH pe DEATH in plain terms, See instructions on back pinous of information WRITE Item FO important. CAUSE m ż

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PHYSICIANS should of OCCUPATION IS

3 SEX

RECORD

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 333

fif death occurred in a hospital or Institution give its NAME instead ot street and number.]

FULL NAME MG

AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SOLOR OR RACE SINGLE, MARRIEO, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH CM (Month) (Day (Year)
	17 I HEREBY CERTIFY, That I attended decessed from
(Month) (Day (Year)	that I last ssw h alive on 1916
lead If LESS than 1 day,hrs.	and that death occurred on the date stated above, at from, The CAUSE OF DEATH* was as follows:
Chies	
stry, st in er)	(Duration) yrs mos ds.
eremier 6 = ksd.	Secondary (Buration) yrs, mos ds.
ma-skie	(Signed) Nem swall N. D. In 10, 191, -(Address) sale sun Ind
entry) Oil	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
men millbaum	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
entry) Sel	At place in the of death yrs mos ds. State yrs mos ds
UE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
n a Jkur	Former or usual residence
cludy bud	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1915 NP June	Detern being grown of ferry 10", 1812. 20 UNDERTAKER Commers Sourcell acting ADDRESS
REGISTRAR (as undertaking Salisburgond.
II more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 4 COLOR OR RACE MARRIEO, WIDOWED, ORDIVORCED

8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry.

business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) 10 NAME OF

PARENTS 11 BIRTHPLACE

OF FATHER (State or country) 12 MAIDEN NAME

OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

THE ABOVE IS TRUE TO THE OF MY KNOWLEDGE

15

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. cated thus: ness. If retired from business, that fact may be indlbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Womeu at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

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PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. Exact classified, pe Pinous properly AGE X supplied. ag тау UNFADIN certificate. that 80 50 pe back terms, pinous 00 plain Instructions Information E DEATH 10 OF Important. Every

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STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. fif death occurred in a hospital or Institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RAGE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED, (Month) (Day (Year (Write the word) I HEREBY CERTIFY. That I 6 DATE OF BIRTH (Month) (Day (Year) If LESS than and that death occurred on the date stated above, a 1 day,hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) Generat nature of Industry, business, or establishment in which employed (or employer) Contributory. BIRTHPLACE Secondary (State or country Ouration) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE , 191 S ... (Address). ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUCIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death yrs. __ State Where was disease contracted If not at place of death? Former or usuai residence REMOVAL DATE OF BURIAL (Address) 15 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, o'E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Consus and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) eases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman,"

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JUL6 1915
BUREAU, V.S.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Lounty Meonus Registration Dist. No. It death occurred in a hospital or institutioe. give its NAME instead of street and comber. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED, (Month) (Day (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH une (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date atated above. t day.....hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. arcusu business, or eetablishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE , 191 ... (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE

Af place	In the			
of death yrs mos ds.	State	yrs,	mos.	di
Where was disease contracted,			7	
If not at place of death?		******		

Former or

usual residence

OR REMOVAL

DATE OF BURIAL ... 1915

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

OF MOTHER (State or country) 15 REGISTRAR OU

[Approved by U. S. Consus and American Public Health Association.]

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County Williago or City Salishing (No. Commit	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occur
2 FULL NAME SINGAN MUTCHE	a hospital or instigive its NAME to of street and num
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Color or RACE 5 SINGLE, Surgle MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day)
6 DATE OF BIRTH Pund 24, 1815 (Month) (Day) (Year)	that I last saw h malive on much 24.
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at #
(b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Md	Contributory Condition (Buration) yes mos /
10 NAME OF FATHER Robert M' Middlell 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER GA Regular 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) *State the DINEARE CAUSING DEATH, or, in deaths from VIOL CAUSER, state (1) MEANS OF INJURY; and (2) whether ACCIDENT SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENTS) At place the place of death yis. mes, and so state, but the grant of death yis. mes, and so state, but the grant of death yis. mes, and so state, but the grant of death yis. mes, and so state, but the grant of death yis. mes, and so state, but the grant of death yis. mes, and so state, but the grant of death yis. mes, and so state, but the grant of death yis. mes, and so state, but the grant of death yis. mes, and so state, but the grant of death yis where was disease contracted, if not at place of death?
(Interment) Edisabeth Tending (Address) Safigling Ned 15 Filed June 24, 1913. May Turner.	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Arbons Cometary June 25, 11 20 UNDERTAKER Holloway Abo Salistan

[Approved by U. S. Census and American Public Health
Association.]

write None. state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Form laborer, Laborer mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil -Coal mine, etc. Women at home, who are engaged in applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head—homicide; Poisoned by earbolic acid—probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. "Anaemia" Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Coma," (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercur-State cause for which Never report mere "Exhaustion," ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DUL6 1915
BURBATTA

RECORD

PERMANENT

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UNFADING INK-THIS IS

WRITE PLAINLY, WITH

V. S. No. 1.

	3800	
Go	PLACE OF DEATH P.G. Haspi Party Dicomico P.G. Haspi	
Vii	Hage or City Salisbury (No. Co	[it death occurred in a hospital or institution, give its NAME instead of street and nomber.]
	FULL NAME CX ILLI W. MIS	acey
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	L'emale While Single, Widowed, Wildows (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 170 I HEREBY CERTIFY, That I attended decessed from
6 D	Month (Nonth) (Day (Year)	mat I last saw her alive on June 14th 1915.
7 A	(2001)	and that death occurred on the date stated above, at 6 21 m. The CAUSE OF DEATH* was as follows:
(a	CCUPATION 1) Trade, profession, or Lehaal Geacher articular kind of work	
bus) General nature of industry, siness, or establishment in lich employed (or employer)	Peritonitis (Duration) Sout Persons ds.
	(State or country) Maryland	Probably Jubrau (Buration)
	10 NAME OF CSAUS, S. Insley	(Signed) Su. M. Foold, M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths rom Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PAR	12 MAIDEN NAME Caroline C. Dunn	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, on RECENT RESIDENTS)
14 -	13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted.
	(Informant) Tentile TO THE BEST OF MY KNOWLEDGE	If not at place of death? Recurred S. And. Former or usual residence. Racanico Co. And
16	June 15 4 A P Yerrus	Bevalve Home Guetry June 16, 1915
Fi	REGISTRAR	6. G. Messich Bivelochiel
1	de more sianas are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) ³Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, ls indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertaized as the mus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, ctc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsious," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronie interstilial nephritis, by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioaffection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of ibutory." (Recommendations on statement of Always qualify all diseases resulting from Measles (disease causing "Scnile," etc.), "Dropsy," death), 29 ds.; "Exhaustion,"



PHYSICIANS should of QCCUPATION IS RECORD statement RMANENT BINDING classified. should properly AGI 30 supplied. ESER> O may ADIN certificate. that 20 0 MARGIN back terms, pino plain Instructions = EATH WRITE See 0 0 Every item CAUSE OF Important. 202

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in a hospital or institution give its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED, W (Month) (Day (Year) ORDIVERCED (Write the word) CERTIFY. That I attended deceased from DATE OF BIRTH Month' (Day (Year) TAGE If LESS than and that death occurred on the date stated above. 1 day hrs. OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trada, profession, or business, or establishment (Duration) which employed (or employer) Contributory Secondary 9 BIRTHPLACE (State or country) (Duration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE 191 ... (Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. __ State . Where was disease contracted. If not at place of death? Former or osuai rasidence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. statement. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salcsman, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "l'uerreral peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacmus," "Old Age," "Shoek," "Uracmia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," ctc.), "Dropsy," (Recommendations on statement of "Exhaustion," For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

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N. B.—Every litem of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH	9007 STATE OF MARYLAND
County Micomica	CERTIFICATE OF DEATH Registration Dist. No. 933
Vittage or Gity Salisbury (No. Per	Salishing Dand, St., 9 Ward) [If death occorred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOWELD, ORDIVORCES ORDIVORCES (Write the word) B DATE OF BIRTH MAR 90-th A16-	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended decessed from May 1915, to guil 11, 1915.
7 AGE (Month) (Day (Year) 1 LESS than 1 day, hrs. 0 mos /4 ds. 0 min.?	and that death occurred on the date stated above, at 5 m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duration) yrs mos ds. Contributory Secondary
OF TATHER Salistonsy To Name of Salistonsy Salistonsy The	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE A THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, it not at place of death?
(Address) Salisbury Md! 16 Filed fune 12", 1815 N PJumes REGISTRAR	Parsions C. em. Salisbury Mod. June 12th, 1915. 20 UNDERTAKER The Hell of Johnson Co. Salisbury Mod.
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yes.) For persons CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; eases, especially in industrial employments, it is necbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and equivariant), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaceause. Always qualify all diseases resulting from etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," umple: Measles (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head (Recommendations on statement of

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RECEIVED
JUL6 1915
BUREAU, V.S.

N. B.—Every Itam of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

	PLACE OF DEATH	STATE OF MARYLAND
	1/ 1/1	CERTIFICATE OF DEATH
Co	writy Il Comico	023
/	O . Atta P. G. Hospita	Registration Dist, No.
VII	liage or City dalisbury (No. Dist., C	a hospital or institution,
	1 / Y D	give its KAME Instead of street and nomber.]
	2 FULL NAME TOMA VITOW	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	MARRIED. Ma	16 DATE OF DEATH Z3" 1915
11	Vale White (Wite the word)	(Month) (Day (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	(Mouth) (Day (Year)	that I last saw h im alive on I have 23" 1915
7 A	(=044)	and that death occurred on the date stated above, at 3.30 A m.
	57 yrs 8 mas ds OR min.?	The CAUSE OF DEATH* was as follows:
80	DCCUPATION 1105	
	1) Trade, profession, or farmer articular kind of work. Farmer	
) General nature of industry, siness, or establishment in	Teneral Paritorition 1/2
_	ich employed (or employer)	Contributory No Parter w formation yrs. mos. /2 ds.
	(State or country) Maryland	Secondary Sist. DUB.
	10 NAME OF FATHER MP N NA	(Oration) yrs mos ds.
S	I chomas fowell	(Signed) An. P. John D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Manuface	*State the DISESSE CAUSING DRAWN OF In deaths for View
1RE	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL,
۵	of MOTHER Unnie C. Luman	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	OF MOTHER (State or country)	At place of death yrs. mas de state yrs mas de
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
- 11	(informant) Hennan Jour 26	If not at place of death?
134	(Address) Salisbury md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PAR
15	(Address) also and ma,	Staton bem, near Vassaonga June 24th 1915
FI	June 23" 1915 N. P. Turner	20 UNDERTAKER ADDRESS
-4	REGISTRAR (The Bell & Johnson Co. Salisbury
1	It more blanks are needed, address State Regis	trar, 6 E. Franklik St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. statement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons causing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, telanus) may be stated under the head of mia," "Puerperal perilonilis," etc. State cause for childbirth or miscarriage as "Puerperal seplichaegenital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenelalnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations ou statement of "Exhaustion,"



	County Co	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
	Village or City (No,	St.; Ward) [If death occurred in a hospitat or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
	7 AGE Vrs. mos. ds. OR min.?	that I last saw he alive on 1915, and that death occurred on the date stated above, at 5 m. The CAUSE OF DEATH * was as follows:
C	B OCCUPATION (a) Trade, profession, or particular kind of work DO(b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs. mos / hosses
	OF FATHER CONTEST Powell 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Ouralion) yrs. mos. ds. (Signed) (Signed) (Most of the Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
	of Mother mande Parons 13 BIRTHPLACE OF MOTHER (State, Dr country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Original	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of deeth yrs. mos. ds. Stete, yrs. mos. ds Where wes discesse contrected, it not all place of deeth?. Former or usual residence
	(Address) Willands and 15 Filed 1910 Filed Missis	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 6 2 , 191/5
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

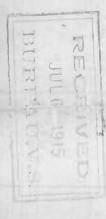


[Approved by U. S. Chsus and American Public Health Association.]

& yrs.). For persons who have no occupation whatever. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same aecepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

lapse," on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated head_homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL pertionitis," etc. State eause for which suifale. The nature of the injury, as fracture of skull Struck, by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Heart failure," "Haemorrhage," "Inanition," "Marasrent) affection need not be stated unless nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The contributory (seeondary or intercurunportant.



N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pialn terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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V. S. No. 1.

County Auconico Pane Bluff	STATE OF MARYLAND CERTIFICATE OF DEATH Camber Disk, No. 333
Village or City Salishusy Mb. (No. Sana 2FULL NAME LEASON Price	Larum St.; / 3-Ward) [if death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	M DIGAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RAGE MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I hereby Certify, that I attended deceased from
No Recural - , 1893	that I last saw her alive on Jane 18 1915.
(Month) (Day (Year) 7 AGE If LESS than t day,hrs. 20. yrs. mos ds. ORmin.?	and that death occurred on the date stated above, at 40 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) Generat nature of industry, business, or establishment in which employed (or employer) PRIMITHPLACE (State or country)	Chthesis Pulmonalis wort land 18. Contributory Secondary
10 NAME OF FATHER ALLERANCE OF FATHER (State or country) Allerance OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed). (Signe
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. /8 ds. State 20 yrs, mos. o ds. Where was disease contracted, Supplying at his home if not at place of death?
(Informant) Sea Prille (Address) Juantilo and	Former or USUAI residence. Quantico Md 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed frame 1915 N P. June REGISTRAR	La Slewar Sababuy In a
If more blanks are needed, address State Regist	rar, & E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably cant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medicai Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skuil, and eonsequeuccs (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Tuerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," thenla," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal eonditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Couvulsions," "Debility" ("Con-The contributory Aiways qualify aii diseases resulting from Measles (disease causing death), 29 ds.; "Scnile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUBEAU.V.S.

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CERTIFICATE OF DEATH Un Pomila OCCUPATION PHYSICIANS (No. Jun PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH classified. (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day hrs. was as follows: OR 7 mos. .ds. properly BOCCUPATION (a) Trade, profession, or INK pe (b) General nature of industry. UNFADING business, or establishment in which employed (or employer) ----certificate. 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 0 WITH back 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT 0 CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 2 13 BIRTHPLACE Af place OF MOTHER (State or country I mos. DEAT Where was disease contracted. WRITE 14 THE ABOVE IS See It not at place of death? 0 Former or Item OF usual residence important. Every It OF BURIAL OR REMOVAL DATE OF BURIAL 15 rend / 1910 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

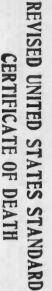
STATE OF MARYLAND

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(Year)

a hospital or Institution, give Its NAME Instead of street and nomber.]



[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the oecnpations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fieation as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative heaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or misearriage as "Puerperal scptichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronio oma, Sarcoma, etc., of..... (name origin; "Caninjnry, as fracture of skull, and consequences (e. g., sepsis, tctanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) eanse of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of For VIO-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No lif death occurred in a hospital or institution give its NAME lostead of streef and nomber. I PERSONAL AND MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, DATE OF DEATH MARRIED, WIDOWED. ORDIVORCED (Write the word) Month) (Day I HEREBY CERTIFY, That I sttended decessed from DATE OF BIRTH (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, a 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. 2019 (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in doths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country of death _____ yrs. ___ mos. __ State Where was disease contracted. If not af place of death? Former or usual residence gant OF BURIAL OR REMOVAL DATE OF BURIAL the 15, 191.5. ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

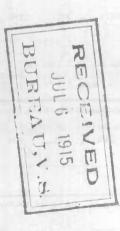


[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
	lage or City Fruitland (No. Smile	Registration Dist. No. 33
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9		16 DATE OF DEATH (Month) (Day 17 I HEREBY CERTIFY, That I attended decea
7 A C	(Month) (Day (Year) (and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows:
O(b) bus whi	General nature of industry, iness, or establishment in ich employed (or employer) IRTHPLACE (State or country)	Contributory Secondary
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER ROATE ROATE 12 MAIDEN NAME OF MOTHER ROATE ROAT	(Signed) OF A CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether TAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TR
	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address)	At place in the ot death yrs, mos, ds, State yrs, mos where was disease contracted, it not at place of death? Former or usual residence.
15 File	Dahuty REGISTRAR	The Hill & Johnson Co Salishw trar, 6 E. Franklin St., Pfito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

gaiufully employed, as At school or At home. who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b), cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupathus: Farmer (retired 6 yrs.) For persons If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronio sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the geuital," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIBAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. eause. Always qualify all diseases resulting from "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. The contributory Measles (disease causing death), 29 ds., "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustion," For vio-



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OND	Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 7-3 If death occurred in a hospital or institution. give its KAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVORCEO (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month (Day (Year) TAGE If LESS than and that death occurred on the date stated above. t day,.....hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) (Duration) 10 NAME OF FATHER (Signed) OF FATHER ARENTS (Address) (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place in the of death _____ yrs. ____ mos. ___ State _____ yrs. _ _ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death? Former or usual residence REMOVAL DATE OF BURJAL 15 ., 1915... ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. statement. the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, ctc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronio oma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of For vio-Of



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

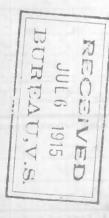
	PLACE OF DEATH	STATE OF MARYLAND
Cos	unty tromial	CERTIFICATE OF DEATH
		Registration Dist, No.
Vitt	lage or City That plothow,	St.;—Ward) [If death occ a hospital or los give its HAME
	FULL NAME JOHN O.	Malker. nt street and no
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
39	Make State Single, Marriel Marriel Marriel Wicker (Write the word)	18 DATE OF DEATH SIME 5 (Month) (Day
6 D	ATE OF BIRTH May 13 .91	17 I HEREBY CERTIFY, That I attended decease
	(Month) (Day (Year)	that I last saw have alive on
TAG	1 day has	that death occurred on the date states above, at
8 -	yrs mas 23 ds. OR min.?	
(a)	Trade, profession, or	Cascinoma face
	articular kind of work	
(b)	Oeneral nature of Industry, siness, or establishment in	(Ouration) / O yrs mos.
(b) bus whi	O General nature of Industry, siness, or establishment in ich employed (or empinyer) IRTHPLACE (State or country)	Gontributory Secondary
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(b) bus whi	General nature of industry, siness, or establishment in ich employed (or employer) IRTHPLACE (State or country) 10 NAME OF	(Signed) (Duration) yrs mose (Signed) (Signed) (Address) Sharfton
(b) bus whi	General nature of industry, siness, or establishment in lich employed (or empinyer)	(Signed) (Buration) yrs mos. (Signed)
PARENTS Has 6 (q)	General nature of Industry, siness, or establishment in ich employed (or empinyer) Sharpforonc IRTHPLACE (State or country) Sharpforonc 10 NAME OF FATHER Malfcer 11 BIRTHPLACE (State or country) Maryfand, 12 MAIDEN NAME OF MOTHER Of MOTHER OF MOTHER (State or country) Maryfand, 13 BIRTHPLACE OF MOTHER (State or country) Maryfand, 14 State or country) Maryfand, 15 State or country) Maryfand, 16 State or country) Maryfand, 17 State or country) Maryfand, 18 State or country) Maryfand, 18 State or country) Maryfand, 19 State or country Maryfand, 19 State	Contributory Secondary (Duration) yrs
PARENTS with the state of the s	Obeneral nature of industry, siness, or establishment in ich employed (or employer) IRTHPLACE (State or country) IO NAME OF FATHER OF FATHER IT BIRTHPLACE OF FATHER (State or country) Maryland, I MAIDEN NAME OF MOTHER Polly Gorde, I BIRTHPLACE OF MOTHER Polly Gorde, I BIRTHPLACE OF MOTHER	(Signed) (Buration) yrs mos. (Signed)
PARENTS (p) see (b) see (b) see (c) 14 T	General nature of industry, siness, or establishment in ich employed (or empinyer) IRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Maryland, 14 BIRTHPLACE OF MOTHER (State or country) Maryland, 15 BIRTHPLACE OF MOTHER (State or country) Maryland, THE ABOYLIS TRUE TO THE BEST FMY KNOWLEDGE	Contributory Secondary (Buration) yrs mos. (Signed) C (Addross) Shartmare *State the Disease Causing Death, or, in deaths from Causes, state (1) Means of Injury; and (2) whether A TAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAOR RECENT RESIDENTS) At place In the of death yrs mos. ds. State yrs, mos. Where was disease contracted, If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
PARENTS (q)	General nature of Industry, Siness, or establishment in Ich employed (or empinyer) IRTHPLACE (State or country) IO NAME OF FATHER I'I BIRTHPLACE OF FATHER (State or country) Maryland, I'Z MAIDEN NAME OF MOTHER OF MOTHER (State or country) Maryland, I'BIRTHPLACE OF MOTHER (State or country) Maryland, I'BIRTHPLACE OF MOTHER (State or country) Maryland, I'BIRTHPLACE OF MOTHER (State or country) Maryland, I'HE ABOYLIS TRUE TO THE BESTEF MY KNOWLEDGE (Informant) Alland Maryland M	Contributory Secondary (Signed) (Signed) *State the Disease Causing Death, or, in deaths from Y Causes, state (1) Means of Injury; and (2) whether A TAL, Suicidal, or Homicidal. 18 Length of Residents) At place of death yrs. mos. Where was disease contracted, if not at place of death? Former or usual residence

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term on the been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, perilonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For Vio-



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item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state E OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very ant. See Instructions on back of certificate.

1 PLACE OF DEATH	STATE OF MARYLAND			
chan Micorning Cal Bank	CERTIFICATE OF DEATH			
County Zana A Co	Registration Dist. No. 333			
Village or City Salisburg (No. 410,	Martin St.; S Ward) [If death occurred in a hospital or institution, give its NAME instead			
2FULL NAME Mary E. Wells ot street and number.]				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Jemale White Single, Widow ORDIVORED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)			
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from			
January 12, 1836 (Month) (Day (Year)	that I last saw her alive on first 3 1915			
7 AGE It LESS than	and that death occurred on the date stated above, at 10 30 m,			
79 yrs 5 mos 2 ds 0R min. ?	The CAUSE OF DEATH* was as follows:			
BOCCUPATION (a) Trade, profession, or particular kind of work Poccupation	Progressio pralypo			
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.			
9 BIRTHPLACE (State or country) Maryland	Secondary Secondary (Duration) yrs mos ds.			
10 NAME OF HOLLard Parsons	(Signed) (Duration) yrs mos ds.			
11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER Mary Buddell	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT			
of Mother Mary Buddell	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,			
13 BIRTHPLACE OF MOTHER (State or country)	At place in the ot deathyrsmosds			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?			
(Informant) 2 10 8/10. t. 8t Sha	usual residence			
16 A. P. T. T. A. P. Y.	farlows bural grounds 6/16 1915			
REGISTRAR	& hatliff Fearlow willards and			

Rost 2 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

'[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: should, be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each aud every person, irrespective of agc. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tctanus) may be stated under the head of ibutory." (Recommendations on statement of For vio-



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No .. [If death occurred in a hospital or institution. give its NAME losfead of street and nomber.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. 191 WIDOWED, (Month) (Day (Year) ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 50 1 day hrs. DEATH* was as lollows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ State Where was disease contracted. If not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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